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JAN 25 2007

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 4

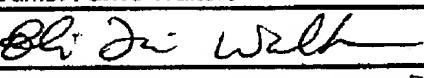
Application Number	9/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

### ENCLOSURES

(Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	JANUARY 25, 2007		

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Name (Print/Type)	Sheri Bukowski	Date	1-25-2007
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Linda Ann Roberts      **Group Art Unit:** 2665  
**Application No.:** 09/855,804      **Examiner:** Jason E. Mattis  
**Filed:** May 16, 2001      **Docket No.:** BLS00337  
**Title:** "Priority Caller Alert"

**VIA FACSIMILE 571-273-8300**

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Sheri Bukowski

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Sheri Bukowski

Signature

January 25, 2007

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**INFORMATION DISCLOSURE STATEMENT**

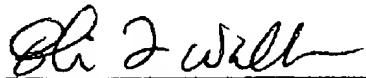
Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the reference listed on the attached Form PTO 1449 (page 1). The reference is as follows:

6,728,360	Brennan, Paul M	04-2004
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This Information Disclosure Statement is being submitted after the mailing of a Request for Continued Examination but prior to another Office Action and therefore, no certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the reference listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



**Bambi F. Walters**  
Attorney for Applicants  
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Date: JANUARY 25, 2007

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PTO/SB/08A (08-00)

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Substitute for form 1448/AVTO		Complete If Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		Application Number	09/855,804
		Filing Date	May 16, 2001
		First Named Inventor	Linda Ann Roberts
		Group Art Unit	2665
		Examiner Name	Jason E. Mattis
		Attorney Docket Number	BS00337
Sheet	1	of	1

## U.S. PATENT DOCUMENTS

#### OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

OTHER PRIOR ART - NON-PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

<b>Examiner Signature</b>		<b>Date Considered</b>	
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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.